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Medicare



Senior Fact Sheet

Aging and Long-Term Care Resources

The resources below will help put you in touch with information about state and area agencies, tribal organizations and private organizations serving the elderly in your community.

- Area Agency on Aging 1-800-510-2020
- Information and access to your community's comprehensive network of community-based long-term care services.
- HICAP Health Insurance Counseling and Advocacy Program 1-800-434-0222

Provides assistance on questions related to Medicare, Medicare HMOs, Medicare supplements and long-term care insurance.

- Medicare Office 1-800-633-4227
- California Department of Aging 1-916-419-7500

1300 National Drive, Room 200 Sacramento, CA 95834

• California Commission on Aging 1-916-419-7591

California Senior Legislature Triple-A Council of California 1300 National Drive, Room 173 Sacramento, CA 95834

- AARP State Office
 1-866-448-3614
 1415 L Street, Room 960
 Sacramento, CA 95814
- Senior Legal Hotline www.seniorlegalhotline.org

Other important numbers:

- Area Agency on Aging
 San Mateo County (650) 573-2700
 San Francisco County (415) 864-6051
- Adult Protective Services
 San Mateo County (800) 675-8437
 San Francisco County (415) 557-5230
- In-Home Support Services
 San Mateo County (650) 573-2700
 San Francisco County (415) 981-4477
- RSVP
 San Mateo County (650) 696-4195
 San Francisco County (415) 731-333

	San Francisco County (415) 731-3335
•	Websites www.medicare.gov www.nih.gov www.aging.state.ca.us
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What is Medicare? Here are Some Simple Guidelines

Medicare is a national health insurance program for those 65 or older and certain younger, disabled people. It is divided into several parts: Hospital Insurance (Part A), Medical Insurance (Part B) and prescription drug benefits (Part D).

- Part A helps pay for care in a hospital and limited care in a skilled nursing facility, and for some home health and hospice care.
- Part B pays for a wide range of medical services and supplies, and for the medically necessary services of a doctor.
- Part C, or Medicare Advantage, became available to persons who are eligible for Part A and enrolled in Part B. Under Part C, private health insurance companies can contract with the federal government to offer Medicare benefits through their own policies.
- Part D pays most prescription drug costs. Beneficiaries choose the drug plan and pay a monthly premium.
 Like other insurance, if a beneficiary decides not to enroll in a drug plan when they are first eligible, they may pay a penalty if they choose to ioin later.

Who is eligible?

You are eligible for Medicare if you or your spouse worked for at

least 10 years in Medicare-covered employment, you are 65 years old, and a citizen or permanent resident of the United States. Younger people who have been disabled at least 2 years also qualify.

How much does it cost?

You pay nothing for Part A, but must pay a premium for Part B and Part D, if you want it. The Part B premium changes annually. It is deducted from your Social Security check. For Part C, Insurance companies can offer Medicare recipients benefits that are not covered under original Medicare, although a premium may be charged for the extra coverage. Part D premiums are based on the plan that you select. Early enrollment is advised as permanent penalties apply if you enroll late.

If you elect Part B benefits, you must pay the Part B annual deductible of \$100 each year. After the deductible is met, Medicare pays 80 percent of Medicareapproved services. You are responsible for the remaining 20 percent.

Part D premiums have a \$250 annual deductible. Drug costs are covered with reasonable co-payments up to \$2,250 per year. Drug expenditures between \$2,250 and \$5,100 are covered by the enrollee. Any costs about \$5,100 annually are then covered by the plan with reasonable co-payments.

Certain low and very low income Medicare recipients may qualify to have their Part A, Part B and Part D premiums paid by the government. Copayments for Part D and deductibles must be covered by the enrollee. Certain resource limits apply, but if you need assistance paying for Medicare, call your Social Security office and see if you are a "Qualified Medicare Beneficiary" or a "Specified Low Income Medicare Beneficiary."

What's not covered

Many medical services and items are not covered by Medicare. They include routine physicals, most dental care, dentures, routine foot care, eye glasses, hearing aids and other services.

Filling Medicare gaps

Many Medicare beneficiaries purchase supplemental private insurance to pay deductibles or uncovered services.
Others choose to enroll in private Medicare HMOs which may offer additional benefits.

For a comprehensive assessment as to how Medicare may affect you, call your HICAP representative at 1-800-434-0222 for information, or to request a copy of the Medicare Handbook, visit your local Social Security office or call 1-800-772-1213.

- A national health insurance program for people 65 years and older, and certain younger disabled people.
 - Part A: Coverage for care in hospitals, skilled nursing facilities, home health care and hospice care.
 - Part B: Additional medical insurance helps pay doctors' bills.
 - Part C: Or, Medicare Advantage, offers benefit packages through private providers that may be more appropriate for the enrollee than the traditional benefits in the Part A and Part B Plans.
 - Part D: A prescription drug benefit that may save you money.
 - Medicare supplements.
 Six month open enrollment window at age 65. Penalties accrued if you enroll late.
- Many buy private insurance policies or enroll in Medicare HMOs to fill Medicare gaps.